

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	88316	9/12/00
O.I.P.E. CLASSIFIER		48	9/19/00
FORMALITY REVIEW	THA	60205	10/3/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/12/00
2	✓	✓	10/12/00
3	✓	✓	10/12/00
4	✓	✓	10/12/00
5	✓	✓	10/12/00
6	✓	✓	10/12/00
7	✓	✓	10/12/00
8	✓	✓	10/12/00
9	✓	✓	10/12/00
10	✓	✓	10/12/00
11	✓	✓	10/12/00
12	✓	✓	10/12/00
13	✓	✓	10/12/00
14	✓	✓	10/12/00
15	✓	✓	10/12/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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